

8. Did you sit for the CPA exam as a Delaware candidate? Yes_____No _____
If no, enter state where you sat for the exam? _____
9. Have you ever been denied permission to sit for the CPA exam?
Yes_____No _____ If yes, please explain _____

10. Have you completed the AICPA ethics exam? Yes_____No _____
If no, anticipated date of exam_____

11. Have you obtained a certificate or license from another state?
Yes_____No _____If yes, please list state(s).

State	Number	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of your certificates or permits (licenses) are not current or in good standing, please provide details on a separate sheet of paper.

Section 4: General Information

12. Are any unresolved complaints pending against you in any jurisdiction? Yes_____No_____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

13. Do you have any impairment related to drugs or alcohol that would limit your practice of accountancy? Yes_____No_____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes_____No_____ **If yes, submit a certified copy of your criminal history record.**

15. Have you ever had your license or certificate to practice accountancy suspended, revoked, or subject to other disciplinary action in any jurisdiction?
Yes_____No_____ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

(This page may be duplicated if necessary)

Section 5: Affidavit of Work Experience

16. List qualifying work experience. Start with present position and proceed in reverse chronological order. Be sure to list the employer and licensed CPA or Chartered Accountant who supervised you.

Number of Years _____ From _____ To _____
Full-time employment _____ Part-time employment _____
Name of Employer _____
Address _____
Phone () _____
Name of Licensed Supervising CPA or Chartered Accountant _____

Number of Years _____ From _____ To _____
Full-time employment _____ Part-time employment _____
Name of Employer _____
Address _____
Phone () _____
Name of Licensed Supervising CPA or Chartered Accountant _____

Number of Years _____ From _____ To _____
Full-time employment _____ Part-time employment _____
Name of Employer _____
Address _____
Phone () _____
Name of Licensed Supervising CPA or Chartered Accountant _____

Number of Years _____ From _____ To _____
Full-time employment _____ Part-time employment _____
Name of Employer _____
Address _____
Phone () _____
Name of Licensed Supervising CPA or Chartered Accountant _____

Number of Years _____ From _____ To _____
Full-time employment _____ Part-time employment _____
Name of Employer _____
Address _____
Phone () _____
Name of Licensed Supervising CPA or Chartered Accountant _____

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be completed two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 8-12 weeks to receive your certificate and permit to practice.

AFFIDAVIT

State of _____

County or City of _____

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed this application and signs this affidavit, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of applicant

Date: _____

Sworn and subscribed to before me this _____ day of _____ 2_____.

Notary Public

My commission expires: _____.

Seal